NASMHPD

TO ALL STATE MENTAL HEALTH AUTHORITIES:

We have received many reports and questions concerning prescription drug plans (PDPs) not following CMS policies for the continuity of care under Medicare Part D for beneficiaries stabilized on antidepressants, antipsychotics, and anticonvulsants or for the transition to coverage under Part D for patients requiring nonformulary drugs, and I want to make sure everyone is familiar with these two CMS policies.

Continuity of Care
CMS has stated that patients who enter Part D coverage stabilized on drugs in any of the six protected categories (antidepressant, antipsychotic, anticonvulsant, anticancer, immunosuppressant, HIV/AIDS) are to be permitted to continue to receive refills of the specific drugs they are already taking, regardless of the formulary of the plan in which they are enrolled. *(I have attached a list of excluded drugs for which the formularies are NOT responsible, which includes Lexapro, benzodiazepines and barbiturates)* Even though the PDP may apply utilization management (UM) techniques such as prior authorization or step edits to these drugs FOR NEW PRESCRIPTIONS, **NO** UM is to be applied to these refills. This includes long acting injections of antipsychotic medication, such as Risperdal Consta. Long acting antipsychotic injections can be billed under Medicare part B or part D and should not be subject to prior authorization requirements.

The only prior authorization for these drugs that is permitted is for what CMS refers to as safety edits. These are edits that are put in place to ensure the prescription is correct as written, and should only occur when the dosage prescribed is outside the norm or when a drug is being used off label, for a diagnosis outside those listed in the FDA approval. Once the prescriber assures the PDP that the prescription is correct and meant to be filled as written, the patient should receive the medication, and the patient should continue to receive the drug as long as it is medically necessary.

A problem with this policy may arise because although every PDP is expected to have every drug in the protected classes in its formulary, the PDPs are not required to have every dosage and form of the drugs. If a patient is taking a very high dosage of an antipsychotic, for example, but the PDP only has low doses on its formulary, the PDP's quantity limits for that drug, 30 or 60 pills a month, may make it impossible for the patient's continuity of care to be maintained. In cases like this, Part D's transition policy (see below) should ensure that the patient receives the necessary drugs for at least 90 days until an accommodation can be worked out, either through appeals or a change in regimen.

Part D Transition Policy
CMS created a transition policy to cover situations where an enrollee goes to a participating pharmacy with a prescription for a drug that is not on their PDP's formulary. To allow the patient time to use the PDP's exceptions process required to

access drugs not on the formulary, CMS has said that the enrollee should be granted a one-time fill of the prescription drug, even though it is not on the formulary. (Because all drugs in the 6 protected classes are expected to be on every formulary, the transition policy should only have to apply to drugs in other categories, except for the situation described above.) Originally the one-time fill was to be for 30 days, but because of problems in the implementation of Part D, CMS extended the transition period to 90 days.

As stated above, patients who need refills of their drugs in the protected categories, which are supposed to be on every formulary, but who cannot get access to their required drugs because of quantity limits, should be able to get at least a 90 day supply until an appeal can be processed or a change in regimen can be made without compromising the patient's health.

Call if You Need Assistance

From the reports we've received thus far, we have reason to believe that some PDPs may be exhibiting a pattern of noncompliant conduct rather than just making an occasional simple error. If you have any questions or have run into any problems with PDPs failing to follow the continuity of care and transition policies, please feel free to contact me, at david.miller@nasmhpd.org or 703-739-9333 ext.153, and I will personally contact CMS.

In case you would like to contact CMS directly in reference to any individual case, you can call 1-800-MEDICARE or email your CMS Regional Office directly; I have attached a CMS Regional Office contact list.

Thanks.

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